

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001921

1. Entity Name
CONVENTION TAPES INTERNATIONAL LLC

FILED
01 APR 18 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
930 WASHINGTON AVENUE 5TH FLOOR **930 WASHINGTON AVENUE 5TH FLOOR**
MIAMI BEACH FL 33139 **MIAMI BEACH FL 33139**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
65-0910290 Not-Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
941 FOURTH STREET, #200
MIAMI BEACH FL 33139

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

700004077907--9
-04/25/01--01078--014
*******50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	MGRM							<input type="checkbox"/>	<input type="checkbox"/>
	BURNSTINE, RONALD							<input type="checkbox"/>	<input type="checkbox"/>
	930 WASHINGTON AVENUE 5TH FLOOR							<input type="checkbox"/>	<input type="checkbox"/>
	MIAMI BEACH FL 33139							<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
	MGRM							<input type="checkbox"/>	<input type="checkbox"/>
	KRASSNER, BRAD							<input type="checkbox"/>	<input type="checkbox"/>
	930 WASHINGTON AVENUE 5TH FLOOR							<input type="checkbox"/>	<input type="checkbox"/>
	MIAMI BEACH FL 33139							<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] Date: **4/16/01** Daytime Phone #: **305-672-8273**

CR2E083 (11/00)